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FLORIDA

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
AFFORDABLE DENTURES - ORLANDO WEST II, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 15 P 1:56

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68-9121
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DEC-15-2009 23:33

From: 3217258599

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Date: 12/15/2009 12:01:07 PM

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Affordable Dentures - Orlando West II, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Karen Franklin - Corporate
Name (Printed or typed)

PO Box 1042
Address

Kinston, NC 28503
City, State & Zip

(282) 527-5121, Ext. 2208
Daytime Telephone number

karen.franklin@affordablecare.com
E-mail address (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Affordable Dentures - Orlando West II, P.A.**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

1163 Blackwood Ave, Ocoee, FL 34761 (principal)
PO Box 1042, Kinston, NC 28503 (mailing)**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in every aspect of the practice of dentistry.
The professional services involved in the Corporation's practice of
dentistry may be rendered only through it's officers, agents, and employees.**ARTICLE IV SHARES**

The number of shares of stock is:

The aggregate number of shares that the Corporation shall be
authorized to have is one thousand (1,000) per value (\$0.01)**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Khaja Moineuddin - President - 1163 Blackwood Ave, Ocoee, FL 34761
Khaja Moineuddin - Secretary - 1163 Blackwood Ave, Ocoee, FL 34761**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

NRAI Services, Inc. 2731 Executive Park Dr, Suite 4, Weston, FL 33331

ARTICLE VII INCORPORATOR

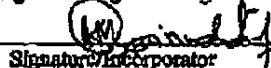
The name and address of the incorporator is:

Khaja Moineuddin, DDS - 1163 Blackwood Ave, Ocoee, FL 34761

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

12/15/09

Date

12/15/09

Date

TOTAL P.003

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TALLAHASSEE, FLORIDA

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